

Case Number:	CM14-0190472		
Date Assigned:	11/21/2014	Date of Injury:	12/18/2009
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old male with a 12/18/09 date of injury. The injury occurred when he was loading a truck with plumbing materials and felt a tingling sensation in his left leg and buttock area, followed by pain in his lower back. According to a progress report dated 10/21/14, the patient was seen for a follow-up visit and was status post a bilateral L2-L3, L3-L4 MBB on 9/24/14. He stated that he had about 50% of pain relief for 3 days after the injection and his pain returned back to baseline. He complained of lower back pain, rated as a 2/10. He stated that his medications were working well and his functionality had increased. Objective findings: restricted lumbar spine range of motion, tenderness noted on both sides of lumbar paravertebral muscles, normal motor and sensory examination, neck movements painful with extension beyond 25 degrees. Diagnostic impression: thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, lumbago, postlaminectomy syndrome of lumbar region. Treatment to date: medication management, activity modification, surgeries, lumbar ESI.A UR decision dated 11/4/14 denied the request for bilateral L2-L3, L3-L4 RFA. The medical report dated 10/21/14 indicates that the patient has responded well to previous diagnostic medial branch facet blocks as well as radiofrequency rhizotomy. The operative reports to the diagnostic medial branch facet block as well as the radiofrequency rhizotomy should be provided to determine the amount and type of injectate used. Pending further documentation, the requested radiofrequency rhizotomy is not medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral L2-L3, L3-L4 (to be done on separate days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Low Back Chapter - Facet Joint Radiofrequency Neurotomy

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, in the present case, the patient had undergone medial branch blocks on 9/24/14 and noted approximately 50% temporary relief in his symptoms. The patient's response to medial branch blocks failed to meet ODG's criteria for a positive response, which would require 70% pain relief. In addition, there is a lack of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, the request for Bilateral L2-L3, L3-L4 (to be done on separate days) was not medically necessary.